APPLICATION FOR EPOSS MEMBERSHIP

This signed document testifies that the organisation agrees to become a member of the EPoSS Association.
Membership becomes effective after signature of this application form and confirmation by the EPoSS Board.

Organisation name:	Name of your Organisation
Address:	Street
	Postal Code, City
	Country
Address for invoices (if different):	Street
	Postal Code, City
	Country
VAT ID:	VAT ID
Contact person:	Name of contact person
Position:	Position of contact person
Address (if different):	Street
	Postal Code, City
	Country
Tel:	Phone number of contact person
Email:	Email address of contact person

For which type of membership are you applying?	☐ Full membership (membership fee + Chips/KDT variable fee) ☐ Programme membership (Chips/KDT variable fee)

For all new members, please tick which member category applies to your organisation:		
Category	**Description**	**Annual fee for full membership**
Category A	☐ Small enterprise (< 50 employees and/or turnover ≤ € 10 m)	500 €
	☐ Medium-sized enterprise (< 250 employees and/or turnover ≤ € 50 m)	1,500 €
Category B	☐ Universities and colleges	2,000 €
	☐ Public research institutions and other research institutes	4,000 €
Category C	☐ Large enterprises, i.e. companies and groups with more than 250 employees and/or an annual turnover over € 50 m	8,000 €
Category D	☐ Clusters	8,000 €

I am authorised to sign this application form on behalf of my organisation.
I have read and agree to the EPoSS statutes.

Date._____

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Signature and Organisation Seal